

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-015368

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1992

STATE FILE NUMBER

VS 300  
Rev. 4/59

1  
2 3 8 2 8  
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4 1  
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12 8 - 0  
13

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Robert M. Myers

FILED APR 20 1962

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN KANSAS CITY

Length of stay in lb  
25 YEARS

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN KANSAS CITY

d. STREET ADDRESS (If outside, give location)  
5817 HARRISON STREET

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
RACHEL E MOORE

4. DATE OF DEATH  
Month Day Year  
APRIL 8 1962

5. SEX  
FEMALE

6. COLOR OR RACE  
WHITE

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
9/18/89

9. AGE (last birthday)  
72

IF UNDER 1 YEAR  
Months Days  
IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
NURSE

10b. KIND OF BUSINESS OR INDUSTRY  
REGISTERED

11. BIRTHPLACE (City and state or country)  
RICHMOND, MISSOURI U. S. A.

13a. FATHER'S NAME

HUGH REID

13b. MOTHER'S MAIDEN NAME

MARGARET ANN BROWN

14. NAME OF HUSBAND OR WIFE

OSCAR E. MOORE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO

17. INFORMANT  
MISS ALICE REID 5817 HARRISON ST.  
KANSAS CITY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

1 Hypert. Pneumonia

INTERVAL BETWEEN ONSET AND DEATH  
24 HRS.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Occlusion.

48 "

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7 April 62 to 8 April 62 and last saw her alive on 8 April 62  
Death occurred at 8:00 A. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Robert M. Myers M.D.

22b. ADDRESS

906 Grand Ave.

22c. DATE SIGNED

9 Apr 62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

23b. DATE

APR. 10, 1962 MT. MORIAH CEMETERY

23c. NAME OF CEMETERY OR CREMATOR

23d. LOCATION (City, town, or county)

KANSAS CITY

23e. STATE

MISSOURI

24. FUNERAL DIRECTOR

ADDRESS

1331 BRUSH CR

25. DATE RECD. BY LOCAL REG.

4-10-62

26. REGISTRAR'S SIGNATURE

Ruth Long

D.W. NEWCOMER'S SONS KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

Dr. Patient M. M. M.  
1304 Riddle Rd.  
Rd.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Louis Quast

Licensed Embalmer No. 4096

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.